## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## St. Vincent Hospital and Health Centers

City: Indianapolis County: Marion Year: 2003

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	46	604	9,795	\$27,114
ICU Med/Surg	36	466	8,762	\$38,290
ICU Neonatal	49	826	17,145	\$44,932
ICU Pediatric	15	97	2,218	\$47,703
Medical/Surgical	367	22,027	111,560	\$3,751
Neonatal Intermed	0	0	0	\$0
Obstetrics	38	3,984	8,881	\$2,327
Pediatric	40	1,585	5,204	\$2,188

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	25	\$0
Other Services	25	560	6,927	NA
Acute Subtotal	616	30,149	170,517	NA
Normal Newborn	36	3,464	7,946	\$1,126

II. Outpatient Visits					
Circulatory System	8,055	Digestive System	9,053		
Endocrine System	4,236	Injuries and Poison	18,421		
Mental Disorder	2,296	Musculoskeletal	19,005		
Neoplasms	16,703	Nervous	8,599		
Respiratory	11,025	Urinary	14,006		
Other/Unknown	100,844	Total Visits	212,243		
Number of Visits to Emerg	64,574				
Percent of Emergency Department Visits of Total Visits			30.4%		

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

**Health Care Regulatory Services** 

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